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PTO/SB/01 (10-00)  
Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration  
Submitted  
with Initial  
Filing  
OR  
☒ Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

<b>Attorney Docket Number</b>	MT 100
<b>First Named Inventor</b>	Stephen T. Sonis
<b>COMPLETE IF KNOWN</b>	
<b>Application Number</b>	09 / 265,299
<b>Filing Date</b>	March 9, 1999
<b>Group Art Unit</b>	1614
<b>Examiner Name</b>	Delacroix Muirheid, C.

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND COMPOSITIONS FOR TREATING AND PREVENTING MUCOSITIS

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 03/09/1999

as United States Application Number or PCT International

Application Number 09/265,299

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	  <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/077,977	03/13/1998	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

[Page 1 of 2]

Burden Hour Statement This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

MT 100

9054/11

**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:

☐ Customer Number  
or Bar Code LabelOR ☒

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City Atlanta

State GA

ZIP 30309-3450

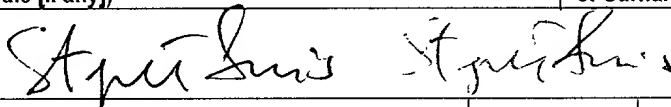
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :

☐ A petition has been filed for this unsigned inventorGiven Name  
(first and middle [if any]) Stephen T.Family Name  
or Surname SonisInventor's  
Signature

Date

2/15/01

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name  
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or Surname FeyInventor's  
Signature

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City Boston

State MA

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Country US

— Additional inventors are being named on the — supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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PTO/SB/81 (10-00)

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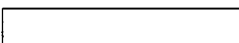
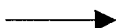
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## POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	Continuation of 09/265,299
Filing Date	March 7, 2001
First Named Inventor	Stephen T. Sonis
Group Art Unit	
Examiner Name	
Attorney Docket Number	MT 100 CON

I hereby appoint:

☐ Practitioners at Customer Number  

Place Customer  
Number Bar Code  
Label here

☒ Practitioner(s) named below:

Name	Registration Number
Patrea L. Pabst	31,284
Zhaoyang Li	46,872

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Patrea L. Pabst; Arnall Golden & Gregory, LLP				
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Country	USA				
Telephone	(404) 873-8794	Fax	(404) 873-8795		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

### SIGNATURE of Applicant or Assignee of Record

Name	Mucosal Therapeutics LLC
Signature	
Date	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

\*Total of 1 forms are submitted.

**STATEMENT UNDER 37 CFR 3.73(b)**

Applicant/Patent Owner: Stephen T. Sonis and Edward G. Fey

Application No./Patent No.: 09/265,299 Filed/Issue Date: March 9, 1999

Entitled: METHODS AND COMPOSITIONS FOR TREATING AND PREVENTING MUCOSITIS

Mucosal Therapeutics LLC, a Corporation,  
(Name of Assignee) (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. ☒ the assignee of the entire right, title, and interest; or  
2. ☐ an assignee of an undivided part interest

in the patent application/patent identified above by virtue of either:

A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the Patent and Trademark Office at Reel \_\_\_\_\_, Frame \_\_\_\_\_, or for which a copy thereof is attached.

OR

B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

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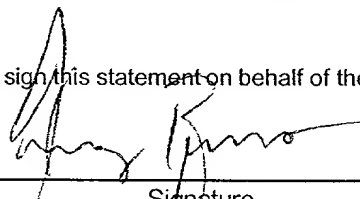
☐ Additional documents in the chain of title are listed on a supplemental sheet.

☐ Copies of assignments or other documents in the chain of title are attached.

**NOTE:** A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the PTO. See MPEP 302-302.8]

The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the assignee.

July 27, 1999  
Date

  
Signature  
Harry Berneth  
Typed or printed name  
Manager  
Title